2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2004 8:00 am Secretary of State 05-05-2004 90225 002 ***150.00

DOCUMENT # P03000084890 1. Entity Name AMERICAN RESIDENTIAL PAINTING, INC.				:	05-05-2004	4 90225 0	02 ***15	50.00
Principal Place of Business	Mailing Address			1				
10118 AQUA VISTA WAY	-	10118 AQUA VISTA WAY						
BOCA RATON, FL 33428	BOCA RATON, FL				 	15:1 11:1 1:0) 1 5911 1 111 111 1	1881 1881
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.			04252004	Chg-P	CR2E03	4 (10/03)	
City & State	City & State			4. FEI Number	31254		No	plied For t Applicable
Zip	Zip	Cour	itry	5. Certificate o	of Status Desired		8.75 -Add ee Required	
6. Name and Address of Cu	ırrent Registered Agent			7. Name and	Address of New R	egistered A	jent	
			Name					
DEL REY, ELIZABETH A 9709 LANE ARBOR OAKS #204 BOCA RATON, FL 33428			Street Address	ress (P.O. Box Number is Not Acceptable)				
	•						·	
	72		City			FL	Zip Code	
The above named entity submits this staten the obligations of registered agent.	nent for the purpose of changi	ng its register	ed office or registe	ered agent, or both	n, in the State of Flo	orida. Tam fa	miliar with,	and accept
SIGNATURE	ed agent and title if applicable.	(NOTE: Registere	ed Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.0 After May 1, 2004 Fee will be \$	9. Election Ca 550.00 Trust Fund	ampaign Fina Contribution.		5.00 May Be ded to Fees				
10. OFFICERS	S AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND	DIRECTORS	3 IN 11
TITLE P	☐ Delete		.E				Change	a delition
NAME APERGIS, CHRISTOS			E .				LL anango	Addition
STREET ADDRESS 10118 AQUA VISTA WAY CITY-ST-ZIP BOCA RATON, FL 33428			ME				C. amango	LT Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under orath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND T

CHAIS ADER GIS

1/30/04

561-703 OSZY

Daytime Phone #